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FE6AN026

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2016 APR 22 AM 8: 13

Office Use Only TYPE OR PRINT ▼ NAME OF Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. Montgomery Cardiovascular Associates PC PAC P O Box 241587 ADDRESS (number and street) Check if different than previously Montgomery reported. (ACC) CITY A STATE A ZIP CODE 2. FEC IDENTIFICATION NUMBER ▼ 3. IS THIS **AMENDED** NEW 00280107 Х OR REPORT (N) (A) 4. TYPE OF REPORT (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) (Choose One) Report Due On: Dec 20 (M12) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (Non-Election Year Only) (a) Quarterly Reports: Jul 20 (M7) Apr 20 (M4) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report (Q1) 12-Day (c) General (12G) Runoff (12R) Primary (12P) July 15 **PRE-Election** Quarterly Report (Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report (Q3) in the January 31 Election on State of Year-End Report (YE) July 31 Mid-Year 30-Day (d) Report (Non-election **POST-Election** General (30G) Runoff (30R) Special (30S) Year Only) (MY) Report for the: Termination Report in the (TER) Election on State of 01 2016 2016 03 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Rick Roney Type or Print Name of Treasurer 2016 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. Office **FEC FORM 3X** Use Rev. 12/2004 Only

SUMMARY	PAGE
OF RECEIPTS AND DIS	SBURSEMENTS

FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		
Montgomery Cardiovascular Associ	ates PC PAC	
Report Covering the Period: From:	01	o: 03 / 31 / 2016
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, (b) Cash on Hand at		10,923.70
(b) Cash on Hand at Beginning of Reporting Period	10,923.70	
(c) Total Receipts (from Line 19)(d) Subtotal (add Lines 6(b) and	.27	.27
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	10,923.97	10,923.97
7. Total Disbursements (from Line 31)	.06	.06
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	10,923.91	10,923.91
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		·
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		
This committee has qualified as a multid	candidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E Street, NW	
	Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100	

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DETAILED SUMMARY PAGE

of Receipts FEC Form 3X (Rev. 06/2004) Page 3 Write or Type Committee Name Montgomery Cardiovascular Associates PC PAC 2016 2016 "03[™] ั31 Report Covering the Period: From: To: **COLUMN B COLUMN A** I. Receipts Calendar Year-to-Date **Total This Period** 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)..... (ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii).....▶ (b) Political Party Committees (c) Other Political Committees (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) 12. Transfers From Affiliated/Other Party Committees..... 13. All Loans Received 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 17. Other Federal Receipts (Dividends, Interest, etc.)..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).......▶ 20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶

DETAILED SUMMARY PAGE

of Disbursements FEC Form 3X (Rev. 02/2003) Page 4 COLUMN A COLUMN B II. Disbursements **Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) Federal Share (ii) Non-Federal Share..... (b) Other Federal Operating Expenditures (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶ 22. Transfers to Affiliated/Other Party Committees..... Contributions to Federal Candidates/Committees and Other Political Committees..... 24. Independent Expenditures 26. Loan Repayments Made..... (b) Political Party Committees (c) Other Political Committees (such as PACs)..... (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).......... ▶ 29. Other Disbursements 30. Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share (ii) "Levin" Share..... (b) Federal Election Activity Paid Entirely With Federal Funds (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... ▶ 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)

from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 COLUMN A III. Net Contributions/Operating Ex-COLUMN B **Total This Period** Calendar Year-to-Date penditures 33. Total Contributions (other than loans) 00 (from Line 11(d), page 3) 34. Total Contribution Refunds 00 (from Line 28(d)) 35. Net Contributions (other than loans) 00 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures ŌΟ (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures (from Line 15, page 3)..... 38. Net Operating Expenditures (subtract Line 37 from Line 36)



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Regions Bank Norman Bridge 3720 Norman Bridge Road Montgomery, AL 36105

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ATTN: RICK RONEY PO BOX 241587 MONTGOMERY AL 36124-1587

Cycle 27
Enclosures 0
Page 1 of 2

BUSINESS INTEREST CHECKING

January 1, 2016 through March 31, 2016

Beginning Balance	\$10,923.70		Minimum Daily Balance	\$10,923
Peposits & Credits	\$0.00	+	Average Monthly Statement Balance	\$10,923
let Interest Earned	\$0.21	+	Annual Percentage Yield Earned	0.01%
'ithdrawals	\$0.00		Interest This Period	\$0.27
ees	\$0.00	-	Average Collected Balance	\$10,923.77
utomatic Transfers	\$0.00	+	2016 YTD Interest	\$0.27
hecks	\$0.00	-	2016 YTD Federal Withholding Tax	\$0.06
inding Balance	\$10,923,91			•

				Total Ni	at Interest		¢0.21
03/31	Federal Withholding Interest						0.02-
03/31	Interest Payment						0.09
02/29	Federal Withholding Interest		•				0.02-
02/29	Interest Payment					•	0.09
01/29	Federal Withholding Interest						0.02-
01/29	Interest Payment				• •	·	0.09

		DAILY SALA	NGE SUMMARY		
Date	Balance	Date	Balance	Date	Balance
01/29	10,923.77	02/29	10,923.84	03/31	10,923.91

EFFECTIVE 6-1-2016, THE FEE FOR DOMESTIC OUTGOING STANDARD AND REPETITIVE WIRES WILL BE \$25. THESE OUTGOING FEE CHANGES DO NOT APPLY TO WIRES INITIATED THROUGH ITREASURY. FOR CUSTOMERS WHO HAVE A WIRE AGREEMENT AND REQUEST AN EMAIL NOTIFICATION, A \$0.50 FEE WILL BE CHARGED. FOR MORE INFORMATION, CONTACT YOUR REGIONS BANKER.

MA REGIONS

Easy Steps to Balance Your Account

Checking Account

		Nocount
1.	Write here the amount shown on statement for ENDING BALANCE	\$
2.	Enter any deposits which have not been credited on this statement.	\$ +
3.	Total lines 1 & 2	\$ =
4.	Enter total from 4a (column on right side of page)	\$
5.	Subtract line 4 from line 3. This should be your checkbook balance.	\$ =

4a List any checks, payments, transfers or other withdrawals from your account that are not on this statement.

Check No.	Amou	nt
	\$	
	\$	
	\$]
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	·-
Total Enter in	\$	
Line 4 at Left	·	

The law requires you to use "reasonable care and promptness" in examining your bank statement and any checks sent with it and to report to the Bank an unauthorized signature (i.e., a forgery), any alteration of a check, or any unauthorized endorsement. You must report any forged signatures, alterations or forged endorsements to the Bank within the time periods specified under the Deposit Agreement. If you do not do this, the Bank will not be liable to you for the losses or claims arising from the forged signatures, forged endorsements or alterations. Please see the Deposit Agreement for further explanation of your responsibilities with regard to your statement and checks. A copy of our current Deposit Agreement may be requested at any of our branch locations.

> Summary of Our Error Resolution Procedures In Case of Errors or Questions About Your Electronic Transfers Telephone us toll-free at 1-800-734-4667 or write us at Regions Electronic Funds Transfer Services Post Office Box 413 Birmingham, Alabama 35201

Please contact Regions as soon as you can, if you think your statement is wrong or if you need more information about a transfer listed on your statement. We must hear from you no later than sixty (60) days after we sent the FIRST statement on which the problem or error appeared.

Tell us your name and account number.

Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe it is an error or why you need more information

(3) Tell us the dollar amount of the suspected error.

If you tell us verbally, we may require that you send us your complaint or question in writing within ten (10) business days.

We will determine whether an error occurred within ten (10) business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to forty-five (45) days to investigate your complaint or question (ninety (90) days for POS transactions or for transfers initiated outside of the United States). If we decide to do this, we will credit your account within ten (10) business days for the amount you think is in error. If, after the investigation, we determine that no bank error occurred, we will debit your account to the extent previously credited. If we ask you to put your complaint in writing and we do not receive it within ten (10) business days, we may not credit your account.

New Accounts- If an alleged error occurred within thirty (30) days after your first deposit to your account was made, we may have up to ninety (90) days to investigate your complaint, provided we credit your account within twenty (20) business days for the amount you think is in error. If we decide there was no error, we will send you a written explanation within three (3) business days after we finish our investigation. You may ask for copies of the documents that we used in our investigation.

FOR QUESTIONS CONCERNING THIS STATEMENT OR FOR VERIFICATION OF A PREAUTHORIZED DEPOSIT, PLEASE CALL THE PHONE NUMBER ON THE REVERSE SIDE OF THIS STATEMENT OR VISIT YOUR NEAREST REGIONS LOCATION.

ADJ - Adjustment

CR - Credit APY - Annual Percentage Yield

OD - Overdrawn *Break in Number Sequence

FMS

Montgomery Cardiovascular Associates, P.C. P.O. Box 241587 Montgomery, Alabama 36124-2398



2016 APR 22

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered	Date of Receipt
USPS First Class Mail	Date of Receipt
USPS FIISI Class Wall 4/14/16	4/22/16
USPS Registered/Certified	Postmarked (R/C
USPS Priority Mail	Postmarked
LISBS Brigrity Mail Express	Postmarked
USPS Priority Mail Express	
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busin	ness Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	f Receipt or Postmarked
A	4/22/16